

Exhibit 27-1

SAMPLE REMITTANCE ADVICE – ADDRESS PAGE

REPORT ID: FI04W400
PROGRAM ID: FI04L400

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
REMITTANCE ADVICE - REMIT TO ADDRESS

PAGE: 1
RUN: 11/29/2003

BILLING PROVIDER: 654321 01

INVOICE DATE: 11/29/2003
PAYMENT DATE: 12/02/2003

**Address page shows
billing provider's name and
Pay-To mailing address**

PROVIDER NAME
STREET ADDRESS OR P.O. BOX
ANYTOWN AZ
99999

** PLEASE CALL PROVIDER SERVICES FOR QUESTIONS OR CLARIFICATION ABOUT THE CONTENTS OF THIS PACKAGE **
** PROVIDER SERVICES MAY BE REACHED AT (602) 417-7670 OR 1-800-794-6862 (IN-STATE) OR 1-800-523-0231 (OUR-OF-STATE) **

PLEASE RETAIN THIS COPY FOR YOUR RECORDS SINCE ONLY ONE COPY OF THE REMITTANCE ADVICE WILL BE SENT.
IF ADDITIONAL COPIES ARE REQUESTED, THERE WILL BE A \$2.00 CHARGE PER PAGE.